ABSTRACT

"A PROSPECTIVE RANDOMIZED COMPARATIVE STUDY OF THE POSITION OF PROSEAL LARYNGEAL MASK AIRWAY AND IGEL IN RELATION TO GLOTTIC INLET USING FIBER OPTIC BRONCHOSCOPE"

BACKGROUND

Securing the airway and maintaining it throughout the anesthesia is one of the main roles of the anesthetist. Endotracheal intubation is the gold standard for this purpose. The supraglottic airway devices (SGA) bridge the gap between facemasks and endotracheal tubes. These devices are helpful in securing and maintaining the patent airway. Supraglottic airway devices are most commonly used for airway management in short surgical procedures alleviating the need for endotracheal intubation. It is relatively simple to insert and plays a well established role in the management of difficult airway ,failed intubation also. A variety of SGAs are available, each with new and special feature for improved safety and efficacy.

AIM OF THE STUDY

The purpose of this study is to compare the position of proseal LMA and IGEL in relation to glottic inlet by using fiber-optic bronchoscope.

SECONDARY OBJECTIVES:

- Time taken for insertion
- Number of attempts for insertion
- Hemodynamic parameters
- Complications

METHODS

After getting the approval of the IEC, Patients undergoing elective short surgical procedures like fibroadenoma excision were assessed for inclusion and exclusion criteria and included in the study after obtaining written informed consent for participating in the study. The study population of 50 patients were randomised into 2 groups each of 25 patients for either proseal LMA or Igel insertion after induction. Then the FOB grade of glottic view through the LMA was assessed and compared for its relative position. Then the other parameters like number of attempts, time for insertion, haemodynamic parameters, complications were compared.

OBSERVATION AND RESULTS

In our study, no statistical significance was noted with the demographic variables ASA physical status, number of attempts and complications among the two groups since p value > 0.05. The mean insertion time for Igel insertion was significantly less than PLMA group. FOB grading was also similar in both the groups. The haemodynamic parameters were comparable in both the groups with p value > 0.05.

CONCLUSION

In this study I conclude that igel is an easy to insert device with shorter insertion time , good anatomical fit into the glottic inlet ,stable haemodynamics and better safety profile.Hence can be used as a safe alternative for proseal lma in airway management for short surgical procedures avoiding the need for endotracheal intbation.